Benign Skin Tumors: Evaluation and Management

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Dr. Rayala has received multiple awards for excellence in teaching and clinical care, including the 2017 UNC Distinguished Teaching Award for Post-Baccalaureate Instruction, the 2014 and 2016 UNC Family Medicine Residency Teaching Award, and the 2015 UNC Health Care and Faculty Physicians Award for Carolina Care Excellence. In addition, he has been named among the “Best Doctors in America” since 2009. He has special training and interest in dermatology, wound medicine, and medical procedures.

Learning Objectives

• Evaluate skin lesions, based on the history and gross examination, and assess the need for biopsy, referral, or treatment.

• Select treatment options (e.g. excision, cryotherapy, curettage with or without electrodesiccation, or pharmacotherapy) based on the type of tumor and its location.

• Utilize standardized terminology, coding, and documentation to accurately code for skin procedures.

Audience Engagement System

Step 1

Step 2

Step 3

CME Quiz: Acute Coronary Syndromes, Broken Hearts and Silent Patients
AES Question
Do you perform skin biopsies and excisions in clinic?
1) Yes
2) No

Presentation Topics
- Evaluation and management of benign skin tumors
- Documentation and coding

Presentation Topic #1:
Evaluation and Management of Benign Skin Lesions

Learning objective:
- Evaluate skin lesions, based on the history and gross examination, and assess the need for biopsy, referral, or treatment.
- Select treatment options (e.g., excision, cryotherapy, curettage with or without electrocautery, or pharmacotherapy) based on the type of tumor and its location.

Evaluation and Management of Benign Skin Tumors

- 55yo male, BMI=35.0
- 10yr h/o soft, flesh-colored, pedunculated papules along both axilla
- Pt complains of irritation and requests for removal

DDx:
- Diagnosis:
  - Skin tags, or
  - Acrochordon, or
  - Fibroepithelial polyps

Location/Distribution:
- Axilla, neck, groin

Etiology/Pathophysiology:
- Unknown, thought to be due to paucity of elastic tissue, hormonal factors

Evaluation and Management of Benign Skin Tumors

Condition Features
- Warts
  - Verrucous, hyperkeratotic
  - Capillary loops

- Neurofibroma
  - Benign Schwann cell tumors
  - Form multiple, soft pedunculated masses

- Nevus lipomatosus
  - Lumbosacral or perineal location
  - Soft, flesh-colored, polypoid nodules; larger than skin tags

- Keratotic melanocytic nevus (KMN)
  - Trunk
  - Epidermal hyperplasia in melanocytic nevi (6% of melanocytic nevi)

- Basal cell carcinoma
  - Acrochordon-like lesions of basal cell nevus syndrome
DDx for Skin Tags:

- Nevus lipomatosus
- Nevus lipomatosus

Evaluation and Management of Benign Skin Tumors: Skin Tags

Management: 1
- Snip excision using iris scissors w/o anesthesia (small lesions)
- Shave excision w/ anesthesia
- Radiofrequency loop (e.g., Ellman Surgitron device)
- Cryotherapy (e.g., Cryogun, cotton-tip, cryo forceps)

Practice Pearls:
- Most health payors don’t cover cosmetic removal of acrochordon!
- Send specimen to pathology:
- In children, could be earliest manifestation of basal cell nevus syndrome
- Angioid or dysplastic features (ASCID)
- Diagnosis is uncertain
- Dermoscopy may aid in diagnosis if verruca, nevus, or skin cancer are in the differential


Evaluation and Management of Benign Skin Tumors

- 61yo female, no prior skin cancer
- 5yr h/o 1.0x0.7cm waxy, brown papule (unchanged)
- Occasionally gets irritated with jewelry
- Also gets rubbed on

Evaluation and Management of Benign Skin Tumors

DDx for Seborrheic Keratosis:

- Inflamed SK
- Wart (verruca)

- SK surrounded by actinic damage
- SCC in situ (Bowen’s)
Evaluation and Management of Benign Skin Tumors: SK

Management:
- Cryotherapy via Cryogun, with 1mm halo
- Curettage
- Electrocautery with radiofrequency device (e.g., Ellman Surgitron)
- Shave excision using Dermablade or surgical blade (#15 or #10)
- Excisional bx – if melanoma is a possibility

Practice Pearls:
- Some health payors may not cover cosmetic removal of SK
- Send specimen to pathology esp. if uncertain about diagnosis
- Perform full-thick biopsies if melanoma is a possibility
- Dermoscopy can help differentiate SK from melanoma (i.e., presence of comedo-like openings and milia-like cysts in SK)

Evaluation and Management of Benign Skin Tumors

- 70yo male, prior h/o non-melanoma skin ca
- By h/o soft, oily papules on forehead
- Some have central depression; others w/ telangiectasia
- No change, but advised by PCP to get a biopsy

Evaluation and Management of Benign Skin Tumors

DDx for Sebaceous Hyperplasia:
- Fibrous papule
- Basal Cell Carcinoma

Evaluation and Management of Benign Skin Tumors

Diagnosis:
- Sebaceous hyperplasia (Senile hyperplasia)

Location/Distribution:
- Forehead, cheeks, nose

Etiology/Pathophysiology:
- Aging causes crowding of primitive sebocytes in sebaceous glands, resulting in benign hamartomatous enlargements

DDx:
- Basal Cell Carcinoma
- Fibrous papule
- Molluscum contagiosum
- Syringoma
- Xanthoma
- Milia

Evaluation and Management of Benign Skin Tumors: SH

Management:
- No treatment
- Cryotherapy
- Electrocautery
- Topical (e.g., TOA)
- Systemic (e.g., oral isotretinoin 10-60 mg/2-3x wks)
- Laser (e.g., argon, CO2, pulsed-dye)
- Photodynamic therapy
- Shave or punch excision

Practice Pearls:
- If unable to differentiate from nodular BCC, perform biopsy and send to pathology
- Dermoscopy can help differentiate SH from BCC (e.g., BCC shows arborizing blood vessels, spoke-wheel-like structures, etc.)
Evaluation and Management of Benign Skin Tumors

- 30yo AA female
- 2yr h/o 7mm firm, hyper-pigmented nodule
- Interferes w/ shaving, but otherwise asymptomatic
- Lesion dimpled when pinched (Fitzpatrick sign)

**DDx:**

1. **Diagnosis:**
   - Dermatofibroma (DF), or
   - Benign fibrous histiocytoma

2. **Etiology/Pathophysiology:**
   - Uncertain, but may represent fibrous reaction due to trauma

3. **Condition Features**
   - Hypertrophic scar
     - Previous injury or wound
     - Not usually round
   - Neurofibroma
     - Soft, fleshy, pedunculated
     - Usually in the trunk
   - Epidermal inclusion cyst
     - Subcutaneous nodule/cyst
     - Punctum/opening; malodorous
   - Nodular BCC
     - Pearly papule w/ telangiectasia
     - Superficial; not dermal
   - Dermatofibrosarcoma protuberans
     - Low-grade malignant fibrotic tumor of skin and subcutaneous tissues
   - Malignant fibrous histiocytoma
     - Secondary cutaneous problem arising from breast metastasis

**Practice Pearls:**

- If uncertain about diagnosis, perform excisional biopsy and send to pathology
- Dermoscopy can help differentiate DF from BCC (e.g., DF shows central scar and fine pigment network peripherally)

**Management:**

- No treatment
- Punch or shave bx (smaller lesions)
- Excision (preferred method)
- Cryotherapy
- Isotretinoin
- Laser (e.g., CO2)

**Evaluation and Management of Benign Skin Tumors:**

- 37yo female
- 4yr h/o 2.5cm ballotable subcutaneous nodule with central punctum
- Occasionally drains white-grayish, malodorous, cheesy substance
- Has gotten infected/inflamed on 2 occasions
**Evaluation and Management of Benign Skin Tumors**

**Diagnosis:**
- Epidermal inclusion cyst (Infundibular follicular cyst)

**DDx:**

**Location/Distribution:**
- Back, chest, face, neck, extremities

**Etiology/Pathophysiology:**
- Filled with keratin and lined w/ stratified squamous epith.

**Condition Features**

**Lipoma**
- Soft, fatty, subcutaneous nodule
- No punctum or drainage
- Deeper location

**Abscess**
- Red, warm, tender, fluctuant cyst
- Drainage can be significant

**Hidradenitis suppurativa**
- Recurrent cystic or nodular inflammatory lesions along axilla/groin

**Furuncle (boil)**
- Abscess of hair follicle or sweat gland

**Acne cysts**
- Sterile inflammation
- Younger age; involves face, back, and chest

**Practice Pearls:**
- Cyst contents cause inflammatory reaction of surrounding skin when sac ruptures.
- Antibiotics are not necessary for simple cases of epidermoid cyst excision or I&D.

**Evaluation and Management of Benign Skin Tumors: EIC**

**Management:**
- No treatment
- Excision
- Incision and drainage if acutely infected and fluctuant

**Evaluation and Management of Benign Skin Tumors**

**Diagnosis:**
- Lipoma

**Location/Distribution:**
- Trunk, extremities

**Etiology/Pathophysiology:**
- Benign tumor of mature fat cells

**Condition Features**

**Epidermal inclusion cyst**
- Subcutaneous nodule w/ milium
- Occasionally drains

**Abscess**
- Red, warm, tender, fluctuant cyst
- Drainage can be significant

**Furuncle (boil)**
- Pus, inflammatory infiltrate

**Acne cysts**
- Pustules, comedones
- Treated with topical or systemic therapy
Evaluation and Management of Benign Skin Tumors: Lipoma

Management:
• No treatment
• Excision

Practice Pearls:
• Use marker to delineate mass. After anesthetic infiltration, one can easily lose surface landmarks, making excision difficult.
• Linear incision is often an adequate initial approach to reach the mass.
• Use blunt dissection and apply pressure to free the mass.

Evaluation and Management of Benign Skin Tumors

• 67yo male
• 5yr h/o asymptomatic, reddish-purple papules on trunk
• A few have bled w/ trauma

Evaluation and Management of Benign Skin Tumors

• Cherry angioma, or
• Campbell de Morgan spot

Location/Distribution:
• Trunk, extremities, face

Etiology/Pathophysiology:
• Dilated capillaries and postcapillary venules; unknown etiology

Practice Pearls:
• Take time to counsel patients on sun protective habits.
• Discuss possible scarring, pigmentary changes, and recurrence post-intervention.

Evaluation and Management of Benign Skin Tumors: Cherry Angioma

Management:
• No treatment
• Cryotherapy
• Electrodesiccation
• Sclerotherapy
• Intralesional bleomycin
• Intense pulsed light
• Laser
• Shave excision + electrodesiccation

Practice Pearls:
• Take time to counsel patients on sun protective habits.
• Discuss possible scarring, pigmentary changes, and recurrence post-intervention.

Evaluation and Management of Benign Skin Tumors

DDx:

Diagnosis:
• Cherry angioma, or
• Campbell de Morgan spot

AES Question

Which best represents the average number of patients you see per day (outpatient only)?

A. ≤10
B. 11-20
C. 21-30
D. 31-40
E. 41-50
F. >50
Presentation Topic #2: Documentation and Coding

Learning objective:
- Utilize standardized terminology, coding, and documentation to accurately code for skin procedures.

Documentation and Coding: Coding Tips from FPM\textsuperscript{6}
- Excision vs. biopsy
- Excision = lesion + margins
- Biopsy vs. shave
- Destruction of benign vs. malignant lesions
- Don’t submit claims too early
- When to bill patient directly
- Global periods
- Single vs. multiple codes
- Two-layer closure
- Medical necessity
- Histopathologic evaluation
- Billing based on documentation


Documentation and Coding: Skin Care Encounter Form\textsuperscript{6}

Practice Recommendations
- Thorough history and skin exam are often sufficient to differentiate between benign and malignant skin lesions. In cases of uncertainty, dermoscopy, adjunctive tests, skin biopsy or empiric therapy may help establish the diagnosis. (SOR C)
- Treatment, depending on the type and location of the tumor, includes excision, cryotherapy, electro surgery, curettage, intralional injection, and pharmacotherapy. Reassurance and watchful waiting are also good options. (SOR C)
- Documenting benign skin tumors requires knowledge of skin lesion morphology, distribution, and configuration. Coding for skin procedures requires continuing education, along with use of tools and resources, to avoid mistakes. (SOR C)

Questions
Contact Information

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References